



Bib Data Sheet


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<b>SERIAL NUMBER</b> 09/579,599	<b>FILING DATE</b> 05/26/2000 <b>RULE</b> _	<b>CLASS</b> 600	<b>GROUP ART UNIT</b> 3739	<b>ATTORNEY DOCKET NO.</b> ML-036C2	
<b>APPLICANTS</b> James M. Zavislan, Pittsford, NY ; Jay M. Eastman, Pittsford, NY ;  <b>** CONTINUING DATA *****</b> THIS APPLN CLAIMS BENEFIT OF 60/001,141 07/13/1995  <b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **</b> <b>** 08/15/2000</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> NY	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 17	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b>  Kenneth J Lukacher South Winton Court 3136 Winton Road South Suite 304 Rochester ,NY 14623					
<b>TITLE</b> Confocal imaging through thick dermal tissue					
<b>FILING FEE RECEIVED</b> 345	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		